


Exhibit 1

7015 1520 0001 1037 7792

U.S. Postal Service TM	
CERTIFIED MAIL [®] RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com [®] .	
OFFICIAL USE	
Certified Mail Fee	\$ 4.40
Extra Services & Fees (check box, add fee as appropriate)	\$ 3.65
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 1.63
Total Postage and Fees	\$ 9.68
Postmark Here	
	
Sent To: Michael Alleyne M.D.	
Street and Apt. No., or PO Box No. 6591 162nd Street APT 4L	
City, State, ZIP+4 [®] Flushing NY 11365-2650	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	